

APPLICATION DATA SHEET

APPLICATION INFORMATION

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|--------------------------|--|
| Application Type:: | REGULAR |
| Subject Matter:: | UTILITY |
| CD-ROM or CD-R?:: | NONE |
| Title:: | AUTOMATED METHOD AND SYSTEM FOR THE EVALUATION OF DISEASE AND REGISTRATION ACCURACY IN THE SUBTRACTION OF TEMPORALLY SEQUENTIAL MEDICAL IMAGES |
| Attorney Docket Number:: | 245430US-20 |
| Total Drawing Sheets:: | 9 |

INVENTOR INFORMATION

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|---|----------------------|
| Applicant Authority Type:: | INVENTOR |
| Primary Citizenship Country:: | USA |
| Status:: | FULL CAPACITY |
| Given Name:: | Samuel |
| Middle Name:: | G. |
| Family Name:: | Armato, III |
| City of Residence:: | Downers Grove |
| State or Province of Residence:: | ILLINOIS |
| Country of Residence:: | USA |
| Street of Mailing Address:: | 8247 Cambridge Court |
| City of Mailing Address:: | Downers Grove, |
| State or Province of Mailing Address:: | ILLINOIS |
| Country of Mailing Address:: | USA |
| Postal or Zip Code of Mailing Address:: | 60516 |

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: Heber
Family Name:: MacMahon
City of Residence:: Chicago
State or Province of Residence:: ILLINOIS
Country of Residence:: USA
Street of Mailing Address:: 2144 N. Cleveland
City of Mailing Address:: Chicago
State or Province of Mailing Address:: ILLINOIS
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 60614

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

ASSIGNMENT INFORMATION

Assignee Name:: University of Chicago
Street of Mailing Address:: 5841 South Maryland Avenue, MC 2026
City of Mailing Address:: Chicago
State or Province of Mailing Address:: IL
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 60637